

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597936

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		5		1		
5		3		1		
6		0		1		
7	1		1			
8		1		1		
9		2		1		
10		0		1		
11	1		1			
12		1		1		
13		2		1		
14	1		1			
15		1		1		
16		2		1		
17		0		1		
18	1		1			
19	1		1			
20		1		1		
21	1		1			
22		1		1		
23	1		1			
24		1		1		
25		2		1		
26	1		1			
27	1		1			
28	1		1			
29		1		1		
30	1		1			
31		1		1		
32		2		1		
33		0		1		
34		0		1		
35		1		1		
36				1		
37				1		
38				1		
39			1			
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46						
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48						
49						
50						
TOTAL IND.		↓	13	↓		↓
TOTAL DEP.		←	32	←		←
TOTAL CLAIMS			45			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						